

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,852

FILING DATE

09-22-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7	1		1			
8		7		1		
9		1	1			
10		1		1		
11		1		1		
12		1		1		
13		1	1			
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19	1			1		
20	1			1		
21				1		
22	1			1		
23		1		1		
24		1	1			
25		1		1		
26		1		1		
27		1	1			
28		1		1		
29		1	1			
30		1	1			
31		1		1		
32		1	1			
33		2		1		
34		1		1		
35		1		1		
36		1		1		
37		1	1			
38		1	1			
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49						
50						
TOTAL IND.	6	↓	2	↓		↓
TOTAL DEP.	39	←	21	←		←
TOTAL CLAIMS	45		23			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						